



February 17, 2011

Ms. Grissel V. Diaz-Cotto
Emergency and Remedial Response Division
United States Environmental Protection Agency
Region II
290 Broadway, 19th Floor
New York, NY 10007-1866

**Re: January 2011 Discharge Monitoring Report
Leachate Treatment Plant, Operable Unit 1
Kin-Buc Landfill Superfund Site**

Dear Ms. Diaz-Cotto:

Please find enclosed the January 2011 Discharge Monitoring Report (DMR) for the Leachate Treatment Plant of Operable Unit One at the Kin-Buc Landfill Superfund Site.

Weston & Sampson Services, Inc. would like to confirm the following:

- Effluent parameters were within permitted limits.
- The treatment plant operated well during the month of January.

Should you have any questions concerning this DMR or the Treatment Plant, please contact me at your earliest convenience at the Kin-Buc site.

Very truly yours,
Weston & Sampson Services, Inc., on behalf of SCA Services, Inc.


Glenn Grieb
Plant Manager

Enclosure

Cc: Martha Goodwin – NJDEP
Stephen Joyce – SC Holdings, Inc.
Carl Januszkiewicz – SC Holdings, Inc.
John A. Bocchino, Jr. – Weston & Sampson Services, Inc.

307581



Massachusetts

Five Centennial Drive (HQ)
Peabody, MA 01960-7985

100 Foxborough Blvd., Suite 250
Foxborough, MA 02035

225 New Boston Street
Woburn, MA 01801

One Trowbridge Road, Suite 750
Bourne, MA 02532

Connecticut

273 Dividend Road
Rocky Hill, CT 06067

Rhode Island

477B Tiogue Avenue
Coventry, RI 02816

New Hampshire

100 International Drive
Suite 152
Portsmouth, NH 03801

Maine

PO Box 189
York, ME 03909

Vermont

96 South Main Street
Suite 2
Waterbury, VT 05676

New York

301 Manchester Road
Suite 201A
Poughkeepsie, NY 12603

Florida

1990 Main Street
Suite 750
Sarasota, FL 34236

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER QUALITY

MONITORING REPORT - TRANSMITTAL SHEET

NJPDDES NO.
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*NJ Permit Equivalent

REPORTING PERIOD
M o. Y r. M o. Y r.

0	1	1	1
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0	1	1	1
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PERMITTEE: Name: SCA Services, Inc.
 Address: 383 Meadow Road
 Edison, New Jersey 08817

FACILITY: Name: Kin-Buc Landfill
 Address: 383 Meadow Road
 Edison, New Jersey 08817
 Telephone: 732-572-4743

FORMS ATTACHED (Indicate Quantity of Each)

Operating Exceptions

SLUDGE REPORT-SANITARY
__ T-VWX-007 __ T-VWX-008 __ T-VWX-009
__ EPA Form 3320-1

DYE TESTING YES NO
 __ X

SLUDGE REPORT-INDUSTRIAL
__ T-VWX-010A __ T-VWX-010B

TEMPORARY BYPASSING __ X

DISINFECTION INTERRUPTION __ X

WASTEWATER REPORTS
__ T-VWX-011 __ T-VWX-012 __ T-VWX-013

MONITORING MALFUNCTIONS __ X

GROUNDWATER REPORTS
__ T-VWX-015(A,B) __ T-VWX-016 __ T-VWX-017
__ ELECTRONIC SUBMISSION

UNITS OF OPERATION __ X

OTHER __ X

NPDES DISCHARGE MONITORING
__ 1 EPA Form 3320-1

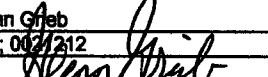
(Detail any "Yes" on reverse side in appropriate space.)

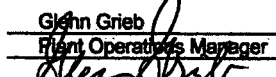
NOTE: The "Hours Attended at Plant" on the reverse of this sheet must also be completed.

AUTHENTICATION I certify under penalty of law that this document and all attachments were prepared under the direction or supervision in accordance with a system designed to assure my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

LICENSED OPERATOR

**PRINCIPAL EXECUTIVE OFFICER OR
DULY AUTHORIZED REPRESENTATIVE**

Name (Printed) Glenn Grieb
Grade & Registry No. N-4 ; 002/212
Signature 

Name (Printed) Glenn Grieb
Title (Printed) Plant Operations Manager
Signature 

Date Feburary 17, 2011

1. What is the main purpose of the document?
 2. What are the key findings of the study?
 3. What are the limitations of the study?
 4. What are the implications of the study?
 5. What are the conclusions of the study?
 6. What are the recommendations of the study?
 7. What are the future research directions?
 8. What are the acknowledgments?
 9. What are the references?
 10. What are the appendices?
 11. What are the footnotes?
 12. What are the tables?
 13. What are the figures?
 14. What are the captions?
 15. What are the legends?
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MONTH

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Others

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8	8	8	4	4	2	4	8	8	4	8	8	0	4	8	

PERMITTEE NAME/ADDRESS
NAME
ADDRESS

SCA SERVICES, INC.
383 MEADOW ROAD
EDISON, NEW JERSEY 08817

FACILITY
LOCATION

KIN-BUC LANDFILL
EDISON, NEW JERSEY
CARL JANUSZKIEWICZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

NJ PERMIT EQUIVALENT PERMIT NUMBER			001 DISCHARGE NUMBER		
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
11	01	01	11	01	31

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	0.022524	0.027497	MGD	*****	*****	*****	***	***	continuous	flow meter
	PERMIT REQUIREMENT	REPORT	ONLY	*****	*****	*****	*****				
pH	SAMPLE MEASUREMENT	*****	*****	***	7.71	*****	8.43	S.U.	0	1/week	grab
	PERMIT REQUIREMENT	*****	*****	*****	6.0	*****	8.0	*****			
PETROLEUM HYDROCARBONS	SAMPLE MEASUREMENT	*****	*****	***	*****	<0.898	1.5	mg/l	0	2/month	grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	10	15	*****			
COD	SAMPLE MEASUREMENT	22.14	26.61	kg/day	*****	250	261	mg/l	0	2/month	comp.
	PERMIT REQUIREMENT	REPORT	ONLY	*****	REPORT	ONLY	*****				
BOD	SAMPLE MEASUREMENT	*****	*****	***	*****	<6.71	<9.53	mg/l	0	2/month	comp.
	PERMIT REQUIREMENT	*****	*****	*****	*****	50	220	*****			
TOTAL SUSPENDED SOLIDS	SAMPLE MEASUREMENT	0.40	0.85	kg/day	*****	4.30	8.40	mg/l	0	1/week	comp.
	PERMIT REQUIREMENT	REPORT	ONLY	*****	*****	30	45(1)	*****			
DISSOLVED OXYGEN	SAMPLE MEASUREMENT	*****	*****	***	6.90	*****	*****	mg/l	0	1/week	grab
	PERMIT REQUIREMENT	*****	*****	*****	4.0 MIN instantaneous	*****	*****	*****			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that I have personally examined and I am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 & 33 U.S.C. 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years) (REFERENCE ALL ATTACHMENTS HERE)					TELEPHONE		DATE		
Glenn Grieb Project Manager							732 572-4743		11 02 17		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					732	572-4743	11 02 17		
COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS							AREA CODE	NUMBER	YEAR MO DAY		

PERMITTEE NAME/ADDRESS

NAME

ADDRESS

FACILITY

LOCATION

ATTN:

SCA SERVICES, INC.
383 MEADOW ROAD
EDISON, NEW JERSEY 08817

KIN-BUC LANDFILL
EDISON, NEW JERSEY
CARL JANUSZKIEWICZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

NJ PERMIT EQUIVALENT
PERMIT NUMBER

001
DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
11	01	01	11	01	31

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
BENZENE	SAMPLE MEASUREMENT	<0.0000173	<0.0000184	kg/day	*****	<0.20	<0.22	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.005	0.02		*****	57	134				
CHLOROBENZENE	SAMPLE MEASUREMENT	<0.0000184	<0.0000224	kg/day	*****	<0.22	<0.22	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.022	0.056		*****	142	380				
1,1 DICHLOROETHENE	SAMPLE MEASUREMENT	<0.0000172	<0.0000199	kg/day	*****	<0.20	<0.20	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.003	0.009		*****	23	59				
ETHYLBENZENE	SAMPLE MEASUREMENT	<0.0000207	<0.0000240	kg/day	*****	<0.24	<0.24	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.022	0.058		*****	142	380				
TETRACHLOROETHYLENE	SAMPLE MEASUREMENT	<0.0000220	<0.0000255	kg/day	*****	<0.25	<0.25	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.005	0.025		*****	52	134				
TOLUENE	SAMPLE MEASUREMENT	<0.0000158	<0.0000168	kg/day	*****	<0.18	<0.20	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.004	0.011		*****	26	74				
1,2-TRANSDICHLOROETHYLENE	SAMPLE MEASUREMENT	<0.0000163	<0.0000189	kg/day	*****	<0.19	<0.19	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.004	0.009		*****	23	60				
NAME/TITLE: PRINCIPAL EXECUTIVE OFFICER		<p>I certify under penalty of law that I have personally examined and I am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 & 39 U.S.C. 1316. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years)</p>				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		732 572-4743		11 02 17	
Glenn Grieb Project Manager						AREA CODE NUMBER		TELEPHONE NUMBER		DATE	
TYPED OR PRINTED											

COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS

(REFERENCE ALL ATTACHMENTS HERE)

PERMITTEE NAME/ADDRESS

NAME
ADDRESS

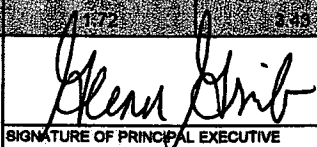
FACILITY
LOCATION
ATTN:

SCA SERVICES, INC.
383 MEADOW ROAD
EDISON, NEW JERSEY 08817

KIN-BUC LANDFILL
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CARL JANUSZKIEWICZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

NJ PERMIT EQUIVALENT			001			
PERMIT NUMBER			DISCHARGE NUMBER			
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YEAR	MO	DAY	TO	YEAR	MO	DAY
11	01	01		11	01	31

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TRICHLOROETHYLENE	SAMPLE MEASUREMENT	<0.0000216	<0.0000250	kg/day	*****	<0.25	<0.25	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.004	0.010		*****	25	80			2/month	grab
VINYL CHLORIDE	SAMPLE MEASUREMENT	<0.0000186	<0.0000245	kg/day	*****	<0.19	<0.24	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	0.008	0.018		*****	52.8	105			weekly	grab
ACENAPHTHYLENE	SAMPLE MEASUREMENT	<0.0000435	<0.0000505	kg/day	*****	<0.495	<0.495	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43			monthly	grab
BENZO(A)ANTHRACENE	SAMPLE MEASUREMENT	<0.0000431	<0.0000500	kg/day	*****	<0.49	<0.49	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43			monthly	grab
BENZO(A)PYRENE	SAMPLE MEASUREMENT	<0.0000405	<0.0000469	kg/day	*****	<0.460	<0.460	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43			monthly	grab
BENZO(ghi)PERYLENE	SAMPLE MEASUREMENT	<0.0000383	<0.0000444	kg/day	*****	<0.435	<0.435	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43			monthly	grab
BENZO(k)FLUORANTHENE	SAMPLE MEASUREMENT	<0.0000405	<0.0000469	kg/day	*****	<0.460	<0.460	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43			monthly	grab
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that I have personally examined and I am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 & 33 U.S.C. 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years)						TELEPHONE		DATE	
Glenn Grieb Project Manager								732 572-4743		11 02 17	
TYPED OR PRINTED								AREA CODE NUMBER		YEAR MO DAY	

COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS

(REFERENCE ALL ATTACHMENTS HERE)
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PERMITTEE NAME/ADDRESS
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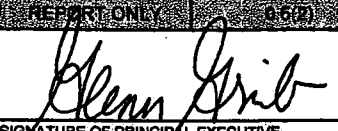
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
IDENO(1,2,3cd) PYRENE	SAMPLE MEASUREMENT	<0.0000398	<0.0000469	kg/day	*****	<0.450	<0.450	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	0.00025	0.00062		*****	1.72	3.43			monthly	grab
PHENANTHRENE	SAMPLE MEASUREMENT	<0.0001889	<0.0003712	kg/day	*****	<2.048	<3.6	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	5.4(2)			weekly	grab
ALDRIN	SAMPLE MEASUREMENT	<0.0000013	<0.0000018	kg/day	*****	<0.014	<0.018	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	0.000133	0.00028		*****	0.0875	0.175			monthly	grab
4,4-DDT	SAMPLE MEASUREMENT	<0.0000009	<0.0000012	kg/day	*****	<0.010	<0.012	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	0.0000578	0.000146		*****	0.35	0.765			weekly	grab
PCB-1242	SAMPLE MEASUREMENT	<0.0000151	<0.0000175	kg/day	*****	<0.17	<0.17	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	0.5(2)			weekly	grab
PCB-1248	SAMPLE MEASUREMENT	<0.0000183	<0.0000227	kg/day	*****	<0.20	<0.22	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	0.5(2)			weekly	grab
PCB-1254	SAMPLE MEASUREMENT	<0.0000105	<0.0000144	kg/day	*****	<0.12	<0.14	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	0.6(2)			weekly	grab
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that I have personally examined and I am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 & 33 U.S.C. 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)						TELEPHONE		DATE	
Glenn Grieb Project Manager								732 572-4743		11 02 17	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE NUMBER		YEAR MO DAY			

COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS

(REFERENCE ALL ATTACHMENTS HERE)

PERMITTEE NAME/ADDRESS
NAME
ADDRESS

SCA SERVICES, INC.
383 MEADOW ROAD
EDISON, NEW JERSEY 08817

FACILITY
LOCATION
ATTN:

KIN-BUC LANDFILL
EDISON, NEW JERSEY
CARL JANUSZKIEWICZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

NJ PERMIT EQUIVALENT
PERMIT NUMBER

001
DISCHARGE NUMBER

MONITORING PERIOD
YEAR MO DAY TO YEAR MO DAY
11 01 01 TO 11 01 31

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PCB-1260	SAMPLE MEASUREMENT	<0.0000154	<0.0000224	kg/day	*****	<0.17	<0.22	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	0.5(2)			weekly	grab
ARSENIC	SAMPLE MEASUREMENT	0.0008289	0.0014479	kg/day	*****	10.40	14.50	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	0.015	0.028		*****	35.6	172			weekly	comp
CADMIUM	SAMPLE MEASUREMENT	<0.0000871	<0.0000990	kg/day	*****	0.7	1.0	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	0.0073	0.017		*****	46.3	112			weekly	comp
CHROMIUM	SAMPLE MEASUREMENT	0.0003585	0.0005465	kg/day	*****	3.90	5.30	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	0.030	0.038		*****	188	305			weekly	comp
COPPER	SAMPLE MEASUREMENT	0.0002340	0.0002508	kg/day	*****	2.8	3.0	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	10			weekly	comp
LEAD	SAMPLE MEASUREMENT	0.0003297	0.0008352	kg/day	*****	3.44	8.10	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	10			weekly	comp
NICKEL	SAMPLE MEASUREMENT	0.0034890	0.0039183	kg/day	*****	38.8	41.5	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	0.140	0.251		*****	1924	1850			weekly	comp
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Glenn Grieb Project Manager							732 572-4743		11 02 17		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					AREA CODE	NUMBER	YEAR	MO	DAY
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

NJ PERMIT EQUIVALENT			001			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
11	01	01		11	01	31

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
ZINC	SAMPLE MEASUREMENT	0.0008409	0.0008322	kg/day	*****	7.3	11.3	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	0.177	0.358		*****	1170	2350			weekly	comp
CYANIDE	SAMPLE MEASUREMENT	<0.0008304	<0.0008157	kg/day	*****	<7.0	<8.0	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	0.002	0.004		*****	18.2	28.4			weekly	comp
ALUMINUM	SAMPLE MEASUREMENT	0.0312430	0.0596030	kg/day	*****	321.0	587.5	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	1.40	2.81		*****	8240	18500			weekly	comp
IRON	SAMPLE MEASUREMENT	0.0147331	0.0294672	kg/day	*****	154.5	289.0	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	50.6	162		*****	432800	1070000			weekly	comp
ACUTE TOXICITY, (LC50)	SAMPLE MEASUREMENT	QUARTELY	REPORT	---	n/a	*****	*****	%	0		
	PERMIT REQUIREMENT	*****	*****		50.0	*****	*****			see permit	equivalent
Ammonia	SAMPLE MEASUREMENT	*****	*****	---	*****	0.158	0.165	mg/l	0	*****	*****
	PERMIT REQUIREMENT	*****	*****		*****	4.9	10.0			2/month	comp
	SAMPLE MEASUREMENT	*****	*****	---	*****	*****	*****	---	---	*****	*****
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****			*****	*****
NAME/TITLE: PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 & 33 U.S.C. 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years)				TELEPHONE		DATE			
Glenn Grieb Project Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				732 572-4743		11 02 17			
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COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS		(REFERENCE ALL ATTACHMENTS HERE)									